



**Rainbow Meadows
Equine Rescue and Retirement, Inc.**
1949 Dalton Road
Sedan, KS 67361
Phone: (620) 725-3402

EQUINE FOSTER APPLICATION

Date: _____

Name: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip Code _____

By completing this foster application, I acknowledge that I will have no ownership of any horses which are under my care. Nor can I lease, loan, rent, or sell any horses under my care. I further acknowledge that I have no right to authorize any health care or well-care - without the express written permission of the Executive Director of Rainbow Meadows Equine Rescue and Retirement, Inc. If I do so, I understand that I will be financially responsible for any expenses and rehabilitation or after-care involved. I also recognize that I cannot relocate the horse(s) in my foster care without first notifying the Executive Director of Rainbow Meadows Equine Rescue and Retirement, Inc.

Number of horse you are interested in fostering at any one time: _____

Describe the characteristics of the horses you desire to foster (age, training level, gender, physical limitations, etc.) _____

Describe your horse management experience - indicate the number of horses you have owned/own and the details of your equine care program: _____

Describe the total acreage for horses at the foster location: _____

Do you currently own other horses? _____ If yes, how many? _____

Describe the horse pasture fencing: _____
Describe the type of shelter to be used by the horse: _____
Describe the water source for the horse: _____
Describe your equine feeding program: _____

Provide contact information for your Equine Veterinarian: _____

Provide contact information for your farrier: _____

Provide the name and contact information for a non-relative who is familiar with your ability to manage horses: _____

Please tell us why you desire to become a foster facility for Rainbow Meadows:

By your signature below, you agree to follow the written management and well-care plans designed and provided by the Executive Director for Rainbow Meadows Equine Rescue and Retirement, Inc. You also agree to allow representatives of Rainbow Meadows access to the foster facility with 24 hours notice. You understand that you can cancel your foster contract with 30 days written notice and that Rainbow Meadows can cancel the foster contract at any time without cause. And, you fully recognize that any foster horses under your care are actively being advertised for adoption and can be placed in forever homes at any time.

By my signature below, I apply as a foster location for horses from Rainbow Meadows Equine Rescue and Retirement, Inc.

Print Name _____ Date

Signature

FOR OFFICE USE ONLY:
Facility inspection completed by: _____
Facility Approved _____ Not Approved _____
Date foster location approved: ____ - ____ - ____
Approved by: _____
Title _____